

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	101010459	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	0		4			
TOTAL CLAIMS	4		8			

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IND.	DEP.	IND.
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100		
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		